

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO.

10-049669

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL D.	2					
TOTAL P.	3					
TOTAL F.	33					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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